



STATE OF IDAHO

OFFICE OF THE STATE TREASURER

RON G. CRANE STATE TREASURER

Idaho State School Bond Guaranty Application And School Bond Credit Enhancement Application

Name of District (Issuer): _____

Chief Contact Officer: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Are you also applying for the Endowment Fund Investment Board's Credit Enhancement? Yes ____ No ____

If yes, please submit an application fee of \$100.00 (non-refundable) along with this application. Checks should be payable to 'EFIB'.

Amount of Guaranteed Bonds Expected to Be Issued: \$_____

Anticipated Date of Sale: _____

Do you expect to issue more than one series of bonds this year? Yes ____ No ____

Financial Advisor/Underwriter: _____, _____

Financial Advisor/Underwriter's Phone Number: _____

Bond Counsel: _____, _____

Bond Counsel's Phone Number: _____

Date of Authorizing Bond Election: _____

Amount of Bonds Authorized: \$_____

Total Outstanding General Obligation Bonds of the District: \$_____

Expected Underlying Bond Rating(s): _____, Rated By _____

Previously Issued Bonds Under These Programs: Series _____, Series _____

Will this issue be refunding previously guaranteed bonds? Yes ____ No ____

Please send a copy (electronic or paper) of the school district's three most recent annual audits and adopted budget.



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Please return material to:

E-Mail

SchoolBondGuaranty@sto.idaho.gov

U.S. Mail

Idaho State Treasurer's Office
Attn: Idaho School Bond Guaranty
P.O. Box 83720
Boise, Idaho 83720-0091

Private Courier (e.g. FedEx or UPS)

Please call the Idaho State Treasurer's Office at 208-334-3200 for a physical address.